

RETURN FORMS TO THE YOUTH CENTERS OR ACTIVITY CENTER AT BOHRER PARK

Resume Workshop

Friday - January 24, 2020

12:30pm - 3:30pm

Montgomery College

Training Center in Olde Towne

12 S Summit Avenue, Gaithersburg, MD 20877

Computer Lab - Room 405

Student Union Members

(Grades 9-12)

StudentUnion@gaithersburgmd.gov

301-258-6350 (office)

301-948-8364 (fax)

506 South Frederick Avenue

Gaithersburg, MD 20877



**STUDENT
UNION**
GAITHERSBURG STUDENT UNION

Looking for a job and don't know where to start?
Come to the Job & Resume Workshop, facilitated by
Career Catchers, to learn about the job search/
application process, interview skills, workplace
etiquette, and begin to draft a resume.

Food is not provided or permitted.

Space is limited to the first 16 registrants.

Student Union - Career Coach 1.24.20

Parent's Last Name _____ Parent's First Name _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____ City Resident ☐ Nonresident ☐
Email _____

Participant's Name	M/F	Birthdate	Activity	Location	Grade	School
			Career Catchers	Olde Towne		
			Career Catchers	Olde Towne		

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Parent/Guardian Name

Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y** ☐ **N** ☐
Please specify: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ _____ 0.00 _____ Cash ☐ Check # _____
Visa/MC/Disc/Amex# _____ Exp. ____/____
Signature (name on card) _____
Print Name _____

Office Use Only: # 9606

Rec'd: _____ Initials _____

W P M F Resident: Y N

Pr: _____ Date: _____